plication or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD ROC92000334W Effective October 1, 2000 **CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN** (Column 1) (Column 2) TYPE [OR SMALL ENTITY **TOTAL CLAIMS** RATE FEE **RATE** FEE **FOR NUMBER FILED** NUMBER EXTRA **BASIC FEE** 355.00 BASIC FEE 710.00 OR TOTAL CHARGEABLE CLAIMS minus 20= X\$ 9=X\$18= OR INDEPENDENT CLAIMS minus 3 = X40= X80 =OR 60.0 MULTIPLE DEPENDENT CLAIM PRESENT +135= ·+270= OR * If the difference in column 1 is less than zero, enter "0" in column 2 297 TOTAL OR TOTAL **CLAIMS AS AMENDED - PART II OTHER THAN SMALL ENTITY SMALL ENTITY** OR (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-**NUMBER** REMAINING **PRESENT** RATE TIONAL RATE TIONAL AMENDMENT **PREVIOUSLY AFTER EXTRA** FEE **FEE AMENDMENT** PAID FOR Total Minus X\$18= X\$ 9=OR Independent Minus *** X80 =X40= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +270= +135= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT RATE TIONAL RATE TIONAL **AMENDMENT PREVIOUSLY** AFTER **EXTRA FEE AMENDMENT** PAID FOR FEE Total. Minus ** X\$18= X\$ 9= OR Independent Minus X80= X40= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135= +270= OR TOTAL TOTAL OR ADDIT, FEE ADDIT. FEE (Column 2) (Column 3) (Column 1) HIGHEST CLAIMS ADDI-ADDI-O REMAINING NUMBER **PRESENT** RATE TIONAL **TIONAL** AMENDMENT **PREVIOUSLY** RATE **AFTER EXTRA AMENDMENT** PAID FOR FEE **FEE** Total Minus ** X\$18= X\$ 9= OR Minus Independent *** X40 =X80 =OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +270= +135= OR * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL TOTAL OR ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

ADDIT. FEE

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